

FILED APR 22 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

69 0017117

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6094 Registrar's No. 117DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 0
10a. 42
10b. 90
11. 0
12. 1
13. 4109
14. 60940
15. 4
16. 60940
17. 0
18. 0
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Brannon Wendell Vines			2. Male		3. April 14, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 42	5b.	5c.	6. June 21, 1926	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Desloge			7c. Yes 7d. 103 S. Vandervoort St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA.		10. Married		11. Gloria Gross
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY	
12. 489-26-7049		13a. Terminal Manager			13b. C. E. S. Trucking Lines	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. St. Fran.	14c. Desloge		14d. Yes	14e. 103 S. Vandervoort
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Rudolph Vines			16. Gladys Voyles			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Brannon Vines			17b. 103 S. Vandervoort, Desloge, Mo. 63601			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Recurrent Acute myocardial infarction - a few min			
DUE TO, OR AS A CONSEQUENCE OF:			
(b)			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Coronary arteries - atherosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 1966 TO 4-14-69	21b. 4-14-69	21c. Mar 3, 1969	21d.	21e. IP	21f.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22.					
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. R.A. Huckstep, M.D.	23b. R.A. Huckstep MD		23c. 4-16-69	23d.	
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
23e. 307 West Liberty, Farmington, Mo 63640	23f. 307 West Liberty, Farmington, Mo 63640		23g. Mo	23h. Mo	23i. 63640
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. St. Fran. Mem. Park		24c. Bonne Terre	24d. Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24e. April 17, 1969	24f. C.Z. Boyer & Son, Inc., 201 E. Chestnut, Desloge, Mo. 63601				
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. B.T. Boyer	25b. Ether Mathews		25c. April 16, 1969		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

JUN 10 1969

FEB 13 1970

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3683

P. O. Address: Boat Eye MO
Dealeys MO #3601

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.